

(see February issue, page 109, first column), which read:

... The following should be admitted:

(a) An indigent sick or dependent poor person.

(b) A needy sick and dependent, or partially dependent citizen in case of emergency. . . .

The other items which follow (c) to (e) relate only to exceptional cases involving, at any one time, but a very small number of citizens.

The crux of the Kern County Hospital decision, therefore, reaffirms what has been the contention of the medical profession, whose members in the Los Angeles County Hospital yearly donate professional services with money value in excess of two million dollars! Physicians of California hold that the Constitution and the Welfare and Institutions Code of California make it possible for the constituted authorities (the boards of supervisors) of the constituent counties to create and maintain institutions known as county hospitals, designed primarily for indigent citizens who are sick or injured. In such institutions, the citizens who belong to the indigent class shall be entitled to receive treatment; provided that, in case of emergencies, partially dependent citizens (meaning medically indigent persons, *i. e.*, citizens who, after providing themselves and their families with housing, clothing and food, do not possess means for adequate hospitalization or medical care) may also be admitted; these latter being expected to repay the county later, in proportion to their means. Nonindigent citizens have no legal right to hospitalization in county hospitals except in case of emergency, and are then legally obligated to pay the full costs of their hospitalization.

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**The Staggering Hospitalization Charges to Indigent Patients in Los Angeles County Hospital.**—As stated in our previous articles, the County of Los Angeles, through its Department of Charities, has deemed it proper to practically demand repayment of hospitalization charges from all patients, both indigent and near-indigent, the statements so rendered for the period July 1, 1937, to December 31, 1937, inclusive, aggregating \$2,366,779.30, with an estimated staggering total of \$4,733,588.60 for merely the county's current fiscal year!

With only the sum of about \$300,000 of this \$4,733,588.60 possible of collection, and probably 90 per cent of the amount so collected coming from "partially dependent citizens," whose financial status, by any business-like method in the great majority of cases, should have been decided through social service investigation *prior to admission*, it seems almost self-evident that it is debatable whether it is good business policy to use a procedure that annually costs \$109,383.09 to maintain, in order to make possible collections of only \$300,000; the Collection Bureau, using methods, at the same time, so seemingly harsh that the indigent poor and their friends, to a probable number of, say, 500,000 persons out of a county population of 2,500,000, are driven to become, in many instances, more or less antigovernmental or

bolshevistic! Surely something is wrong in a set-up capable of leading to such deplorable results. Letters received during the last several weeks from both physicians and patients attest to the above, and some examples are printed in this issue, on pages 216 and 219.

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**County Hospital Problems Are Being Studied by the California Medical Association Council.** Los Angeles County, with its 3,000 patients in the County Hospital, its 4,000 tuberculosis sick in Olive View Sanatorium and adnexa, and 1,000 patients in the Infirmary of its County Farm (these latter housed there because of chronic diseases), presents, of course, a major problem all its own, the cost figures, naturally, assuming tremendous sums. However, what has been commented upon in the articles referred to has not been so much the quantitative phases, but, rather, the qualitative nature of the principles involved. And these principles come into play, more or less, in all the county hospitals of California, and are receiving serious consideration by the Council of the California Medical Association.

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**Each County Society Should Investigate Its Own County Hospital and Make Prompt Report.**—As previously stated, each component county medical society, through its officers and proper committee, should make an early study of the admission and other requirements and procedures of its respective county hospital, sending a copy of the report thereon to the central office of the Association for the consideration of the Council. With full knowledge of factual information in these matters, gathered from all counties in the State, it would then be possible for the members of the constituted authority of the Association—the Council—to formulate plans and make report to the House of Delegates at the 1938 annual session, to be held in Pasadena. Let us repeat, the county hospital subject is important and vital to the interests both of the citizenry and the medical profession of the State, and is worthy of the earnest attention of every county medical society in California!

## THE CRIMINAL INSANE

**A Recent Case.**—The article by Dr. Ruggles A. Cushman, Superintendent of the Mendocino State Hospital at Talmage, California, on the subject, "The Criminal Insane," printed on page 83 of the February issue of CALIFORNIA AND WESTERN MEDICINE, has attracted considerable attention in medico-legal circles, and deservedly so. Its appearance, at a time when, in Los Angeles, a jury brought in a verdict of manslaughter against a man who had killed his wife and his friend, and then, when the same jury, a few days later, on a separate plea of "not guilty by reason of insanity," affirmed that the perpetrator of the deed had been "insane" when the deed was perpetrated, made the presentation by Doctor Cushman's views and the discussion thereon most pertinent. In the case above referred to, the prisoner, subsequent to the

"insane" verdict, was sent to the psychopathic ward of the County Hospital, where alienists, appointed by the Court, were called upon to examine him and give their opinions as to his sanity. At the time of this writing, the Court in charge has not brought in its decision; but the opinion of men on the street is that the prisoner will be given his liberty as a "sane" person.

In this particular case, which, owing to its unusual nature, was given much space and exploitation in the public press, both locally and elsewhere, there was the usual spectacle in the trial, of medical witnesses being pitted one against the other, giving their expressions of opinion on hypothetical questions. What took place was, as Doctor Cushman so aptly stated when he wrote:

Another court proceeding which brings the psychiatrist into popular disrepute is the manner in which he must testify as an expert.

In the case here under discussion, the prisoner is now to be examined by a new group of psychiatrists, and, quoting Doctor Cushman again, there comes into play the next step, namely, that on the successful plea of insanity, [concerning] these individuals . . . , unless [they be] suffering from a definite psychosis, the hospital staff can only testify that they are sane, and the judge is bound to release them.\*

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**California's Laws on the "Criminal Insane" Need Amendment.**—Doctor Cushman's proposed amendments to the Penal Code's "1026 law," along lines such as are in operation in Colorado, Ohio, Maine, Vermont, and New Hampshire, are worthy of careful consideration; he stating the proposition thus:

. . . The law should be amended and supplemented by provision that, before a prisoner is tried upon his insanity plea, he shall be sent to a state hospital for one month or longer, if possible, for continued observation. If found actually suffering from a mental disease, he could be detained until recovery without the expense and ordeal of a trial, and then be tried on a fair basis. If found sane by the hospital staff, his opportunity for escaping by means of an insanity plea would not be so favorable. Also, justice would be done to that type of offender who is actually suffering from a psychosis, but who, due to popular feeling against his antisocial act, is often dealt with most unjustly.

A proposed act submitted to the 1937 California Legislature, which would have accomplished the above, failed of enactment, but effort to secure its passage will be made again when the Legislature convenes in 1939.

Doctor Cushman's paper, with its discussion, has distinct educational value, and it is to be hoped that reprints may be made and distributed during the next few months, not only to legislators, but to medical and bar associations, service and other clubs. This is to be wished for, in order that presentation of facts and the remedial measures advocated may elicit support from the citizenry of the State, thus making much-needed legislation in these matters more possible of enactment next year. Certainly, there is need of improvement in the present laws.

\* A few days later the decision of "sanity" was handed down, and for those who are interested, a press item is reprinted in this issue, on page 212.

## A "HUMANE POUND LAW" INITIATIVE TO BE ON THE STATE ELECTION BALLOT IN NOVEMBER, 1938

**A Proposed Antivivisection Measure: But Under a New Name.**—Most members of the California Medical Association are aware that California "antivivisectionists" have secured, under the euphonious title, "Humane Pound Law," the necessary 186,380 signatures of voters for submission of a new proposed initiative law—in this instance, one dubbed the "Humane Pound Act," and that it will be given a place on the November, 1938, State election ballot for decision by the State's electorate as to its adoption.

Editorial criticism concerning this measure, which its proponents hope to give a place on the statute folios of California, was made in the *Journal of the American Medical Association* in the number for February 19, 1938. The importance of the issues involved, therefore, warrant reprinting of these *J. A. M. A.* comments:

### CALIFORNIA'S "HUMANE POUND LAW" AND MEDICAL RESEARCH

Unscientific movements are constantly promoted, based on misinformation, prejudice, emotionalism and cynical racketeering. Chiropractors, naturopaths, naprapaths, herbologists and all sorts of -paths, -ologies and -isms ally themselves with other quacks and sentimentalists to oppose medical research, which exposes the hollowness of their pretensions. The antivivisectionists have made hay in the California sunshine. Fortified with some prominent theatrical names and disregarding the absence of scientific qualifications in such sponsorship, the antivivisectionists have frequently attempted to throttle research in California and in other states.

In 1932 and subsequently, a determined attempt was made to interfere with the use of dogs from the San Francisco pound, by the medical schools in the San Francisco Bay area.<sup>1</sup> This attempt was frustrated by the combined vigilance of the medical profession and public health authorities. Undeterred by this failure, the "antis" in 1937 turned to the initiative provided under California law and circulated a petition for a so-called Humane Pound Law. The crucial provision in this law is that dogs and cats shall not be delivered to medical schools from public pounds. This means that research involving dogs would be prohibitive in price, since the breeding of dogs for research purposes is not practical. The petition received the requisite number of signatures and will appear on the ballot at the election of November 8, 1938. Many of the signers of the petition obviously did not understand what they asked for with their signatures. As was pointed out in our discussion of the Colorado proposal last week, many signers fail to understand the ultimate effects of the petitions to which they affix their signatures. Many estimable persons, imbued with the spirit of kindness to animals, may feel inclined to vote for this pernicious legislation unless they are fully informed in time as to what it would mean in the harassment of medical education, the hampering of medical research, and interference with the manufacturing and testing of drugs and biologic products.

A California Society for the Promotion of Medical Research is the answer of the enlightened people of California to the challenge of the antivivisectionists and their cultist, faker, faddist and fraud-monger allies. Among California's leading citizens who will be active in the society, or will lend it their moral support and influence, are Ray Lyman Wilbur, president of Stanford University; Robert Gordon Sproul, president of the University of California; the Rt. Reverend Charles A. Ramm, Monsignor St. Mary's Cathedral, San Francisco; Rabbi Irving F. Reichert,

<sup>1</sup> Question Is of Facts, *San Francisco Chronicle*, July 11, 1932.